

#### General

#### Title

Breast cancer: the proportion of patients with N+ or N- T > 1 cm HER2+ (IHC 3+ or FISH+) invasive carcinoma treated with chemotherapy and who had adjuvant trastuzumab.

#### Source(s)

Del Turco MR, Ponti A, Bick U, Biganzoli L, Cserni G, Cutuli B, Decker T, Dietel M, Gentilini O, Kuehn T, Mano MP, Mantellini P, Marotti L, Poortmans P, Rank F, Roe H, Scaffidi E, van der Hage JA, Viale G, Wells C, Welnicka-Jaskiewicz M, Wengstom Y, Cataliotti L. Quality indicators in breast cancer care. Eur J Cancer. 2010 Sep;46(13):2344-56. PubMed

#### Measure Domain

#### Primary Measure Domain

Clinical Quality Measures: Process

#### Secondary Measure Domain

Does not apply to this measure

### **Brief Abstract**

#### Description

This measure is used to assess the proportion of patients with N+ or N- T > 1 cm human epidermal growth factor receptor 2 positive (HER2+) (immunohistochemistry [IHC] 3+ or fluorescence in situ hybridisation positive [FISH+]) invasive carcinoma treated with chemotherapy and who had adjuvant trastuzumab.

#### Rationale

Since 1990, in the United States and many European countries, breast cancer mortality is decreasing by 1% to 2% per year, thanks to early detection and improved treatment. However, it has been reported that there were still wide differences in treatment offered to patients with breast cancer in terms of mastectomy and radiotherapy rates and use of adjuvant chemotherapy and hormone therapy. It has also been shown that the specialised breast cancer care was associated with a significant reduction in

mortality. Breast cancer care is complex, onerous and expensive; therefore, quality measurements are essential to monitor effectiveness and to quide improvements in healthcare.

#### Evidence for Rationale

Cataliotti L, Costa A, Daly PA, Fallowfield L, Freilich G, Holmberg L, Piccart M, van de Velde CJ, Veronesi U. Florence statement on breast cancer, 1998 forging the way ahead for more research on and better care in breast cancer. Eur J Cancer. 1999 Jan;35(1):14-5. [0 references] PubMed

Del Turco MR, Ponti A, Bick U, Biganzoli L, Cserni G, Cutuli B, Decker T, Dietel M, Gentilini O, Kuehn T, Mano MP, Mantellini P, Marotti L, Poortmans P, Rank F, Roe H, Scaffidi E, van der Hage JA, Viale G, Wells C, Welnicka-Jaskiewicz M, Wengstom Y, Cataliotti L. Quality indicators in breast cancer care. Eur J Cancer. 2010 Sep;46(13):2344-56. PubMed

Gillis CR, Hole DJ. Survival outcome of care by specialist surgeons in breast cancer: a study of 3786 patients in the west of Scotland. BMJ. 1996 Jan 20;312(7024):145-8. PubMed

Grilli R, Minozzi S, Tinazzi A, Labianca R, Sheldon TA, Liberati A. Do specialists do it better? The impact of specialization on the processes and outcomes of care for cancer patients. Ann Oncol. 1998 Apr;9(4):365-74. [61 references] PubMed

Sainsbury R, Rider L, Smith A, MacAdam A. Does it matter where you live? Treatment variation for breast cancer in Yorkshire. The Yorkshire Breast Cancer Group. Br J Cancer. 1995 Jun;71(6):1275-8. PubMed

Schachter HM, Mamaladze V, Lewin G, Graham ID, Brouwers M, Sampson M, Morrison A, Zhang L, O'Blenis P, Garritty C. Many quality measurements, but few quality measures assessing the quality of breast cancer care in women: a systematic review. BMC Cancer. 2006;6:291. [28 references] PubMed

Vulto JC, Louwman WJ, Poortmans PM, Lybeert LM, Rutten HJ, Coebergh JW. A population based study of radiotherapy in a cohort of patients with breast cancer diagnosed between 1996 and 2000. Eur J Cancer. 2007 Sep;43(13):1976-82. PubMed

## Primary Health Components

Breast cancer; human epidermal growth factor receptor 2 positive (HER2+) (immunohistochemistry [IHC] 3+ or fluorescence in situ hybridisation positive [FISH+]) invasive carcinoma; chemotherapy; adjuvant trastuzumab

## **Denominator Description**

Number of patients with a diagnosis of N+ or N- T > 1 cm HER2+ (IHC 3+ or FISH+) invasive carcinoma treated with chemotherapy (see the related "Denominator Inclusions/Exclusions" field)

#### Numerator Description

Number of patients with a diagnosis of N+ or N- T > 1 cm HER2+ (IHC 3+ or FISH+) invasive carcinoma treated with chemotherapy and who had adjuvant trastuzumab

# Evidence Supporting the Measure

#### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### Additional Information Supporting Need for the Measure

- Motivation: Trastuzumab should be offered to patients with HER2+ (IHC 3+ or fluorescence in situ hybridization [FISH]+) invasive breast cancer N+ or N- T > 1 cm if they receive adjuvant chemotherapy. It is recommended to follow the American Society of Clinical Oncology (ASCO) quidelines for HER2 testing.
- Level of evidence: I\*. Clinical trials have shown that adjuvant trastuzumab improves relapse-free survival (RFS) and overall survival (OS) in patients with N+ or N- T > 1 cm HER2+ early breast cancer above chemotherapy alone.

#### Evidence for Additional Information Supporting Need for the Measure

Del Turco MR, Ponti A, Bick U, Biganzoli L, Cserni G, Cutuli B, Decker T, Dietel M, Gentilini O, Kuehn T, Mano MP, Mantellini P, Marotti L, Poortmans P, Rank F, Roe H, Scaffidi E, van der Hage JA, Viale G, Wells C, Welnicka-Jaskiewicz M, Wengstom Y, Cataliotti L. Quality indicators in breast cancer care. Eur J Cancer. 2010 Sep;46(13):2344-56. PubMed

#### **Extent of Measure Testing**

Unspecified

## State of Use of the Measure

#### State of Use

Current routine use

#### **Current Use**

not defined yet

# Application of the Measure in its Current Use

#### Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

<sup>\*</sup>Graded according to the short version of the U.S. Agency for Healthcare Research and Quality (AHRQ) classification. For more information regarding the developer's methodology, refer to the original source document.

Hospital Outpatient

#### Professionals Involved in Delivery of Health Services

not defined yet

#### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

#### Statement of Acceptable Minimum Sample Size

Unspecified

#### Target Population Age

Unspecified

#### **Target Population Gender**

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

#### National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### IOM Care Need

Getting Better

Living with Illness

#### **IOM Domain**

## Data Collection for the Measure

#### Case Finding Period

Unspecified

#### **Denominator Sampling Frame**

Patients associated with provider

#### Denominator (Index) Event or Characteristic

Clinical Condition

Therapeutic Intervention

#### **Denominator Time Window**

not defined yet

#### Denominator Inclusions/Exclusions

Inclusions

Number of patients with a diagnosis of N+ or N- T > 1 cm HER2+ (IHC 3+ or FISH+)\* invasive carcinoma treated with chemotherapy

\*Note:

N = node T = tumour HER2 = human epidermal growth factor receptor 2 IHC = immunohistochemistry FISH = fluorescence in situ hybridisation

Exclusions

Unspecified

### Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Number of patients with a diagnosis of N+ or N- T > 1 cm HER2+ (IHC 3+ or FISH+) invasive carcinoma treated with chemotherapy and who had adjuvant trastuzumab

Exclusions

Unspecified

#### Numerator Search Strategy

Fixed time period or point in time

#### **Data Source**

Paper medical record

#### Type of Health State

Does not apply to this measure

### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

#### Measure Specifies Disaggregation

Does not apply to this measure

#### Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

### Standard of Comparison

not defined yet

## Prescriptive Standard

Minimum standard: 80%Target: greater than 90%

## **Evidence for Prescriptive Standard**

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# **Identifying Information**

#### **Original Title**

13b: Appropriate chemotherapy and other medical therapy.

#### Measure Collection Name

Quality Indicators in Breast Cancer Care

#### Submitter

European Society of Breast Cancer Specialists - Clinical Specialty Collaboration

#### Developer

European Society of Breast Cancer Specialists - Clinical Specialty Collaboration

#### Funding Source(s)

European Society of Breast Cancer Specialists (EUSOMA)

#### Composition of the Group that Developed the Measure

M. Rosselli Del Turco (EUSOMA, Florence, Italy); A. Ponti (CPO Piemonte, Turin, Italy); U. Bick (Charité – Universitätsmedizin Berlin, Berlin, Germany); L. Biganzoli (Hospital of Prato, Prato, Italy); G. Cserni (Bacs-Kiskun County Teaching Hospital, Kecskemét, Hungary); B. Cutuli (Policlinique de Courlancy, Reims, France); T. Decker (Dietrich Bonhoefer Clinic, Neubrandeburg, Germany); M. Dietel (Charité – Universitätsmedizin Berlin, Berlin, Germany); O. Gentilini (European Institute of Oncology, Milan, Italy); T. Kuehn (Klinikum Esslingen, Esslingen, DE, Germany); M.P. Mano (AOU San Giovanni Battista, Turin, Italy); P. Mantellini (Istituto per lo Studio e la Prevenzione Oncologica, ISPO, Florence, Italy); L. Marotti (EUSOMA, Florence, Italy); P. Poortmans (Institute Verbeeten, Tilburg, The Netherlands); F. Rank (Rigshospitalet, Copenhagen, Denmark); H. Roe (North Cumbria University Hospitals NHS Trust, Cumbria, United Kingdom); E. Scaffidi (European Institute of Oncology, Milan, Italy); J.A. van der Hage (National Cancer Institute, Amsterdam, The Netherlands); G. Viale (European Institute of Oncology and University of Milan, Milan, Italy); C. Wells (University College London Hospitals, London, United Kingdom); M. Welnicka-Jaskiewicz; (Medical University of Gdansk, Gdansk, Poland); Y. Wengstöm (Karolinska Institutet, Stockholm, Sweden); L. Cataliotti (Careggi University Hospital, Florence, Italy)

## Financial Disclosures/Other Potential Conflicts of Interest

None declared.

## Adaptation

This measure was not adapted from another source.

#### Date of Most Current Version in NQMC

2010 Jun

#### Measure Maintenance

Unspecified

#### Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2017.

#### Measure Availability

Source available from t	he European Socie	ety of Breast (	Cancer Specialists	s (EUSOMA) Wel	b site
For more information, o	contact M. Rossell	i Del Turco at	Email: secretaria	t@eusoma.org;	Web site:
www.eusoma.org					

#### **NQMC Status**

This NQMC summary was completed by ECRI Institute on August 24, 2012. The information was verified by the measure developer on October 4, 2012.

The information was reaffirmed by the measure developer on January 9, 2017.

# Copyright Statement

This article was published in the European Journal of Cancer, Vol. 46, Del Turco MR, Ponti A, Bick U, Biganzoli L, Cserni G, Cutuli B, Decker T, Dietel M, Gentilini O, Kuehn T, Mano MP, Mantellini P, Marotti L, Poortmans P, Rank F, Roe H, Scaffidi E, van der Hage JA, Viale G, Wells C, Welnicka-Jaskiewicz M, Wengstom Y, Cataliotti L, Quality indicators in breast cancer care, 2344-56, Copyright Elsevier (2010). This permission is granted for non-exclusive world English rights only. For other languages please reapply separately for each one required. Permission excludes use in a print form. Should you have a specific print project in mind please reapply for permission. Reproduction of this material is confined to the purpose for which permission is hereby given.

## Production

#### Source(s)

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